

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
TRANSCRIPT ORDER FORM

111 First Street
Bay City, MI 48708

211 W. Fort Street
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Order Party: Name, Address and Telephone Number

Name Judy B. Calton
Firm Honigman Miller Schwartz and Cohn LLP
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City, State, Zip Detroit, MI 48226
Phone 313-465-7344
Email jcalton@honigman.com

Case/Debtor Name: City of Detroit, Michigan

Case Number: 13-53846-swr

Chapter: 9

Hearing Judge Hon. Steven Rhodes

Bankruptcy Adversary

Appeal Appeal No: _____

Hearing Information (A separate form must be completed for **each** hearing date requested.)

Date of Hearing: 04/28/2014 Time of Hearing: 10:00 am Title of Hearing: Disclosure Statement etc.

Please specify portion of hearing requested: Original/Unredacted Redacted Copy (2nd Party)

Entire Hearing Ruling/Opinion of Judge Testimony of Witness Other

Special Instructions: _____

Type of Request:

- Ordinary Transcript - \$3.65 per page (30 calendar days)
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Signature of Ordering Party:

/s/ Judy B. Calton Date: 5/1/2014
By signing, I certify that I will pay all charges upon completion of the transcript request.

FOR COURT USE ONLY

Transcript To Be Prepared By _____

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